


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 005 ***150.00

DOCUMENT # F98000005346 1. Entity Name GRUPO DE DIARIOS AMERICA S.A.			
Principal Place of Business 255 ALHAMBRA CIRCLE STE 835 CORAL GABLES, FL 33134 US		Mailing Address 255 ALHAMBRA CIRCLE STE 835 CORAL GABLES, FL 33134 US	
2. Principal Place of Business 848 BRICKELL AVENUE Suite, Apt. #, etc. 1000		3. Mailing Address 848 BRICKELL AVENUE Suite, Apt. #, etc. 1000	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country US	Zip 33131	Country US
4. FEI Number 65-0880216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MURPHY, JOHN J WHITE & CASE LLP 200 S. BISCAYNE BOULEVARD, SUITE 4900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name MANUEL AVILA Street Address (P.O. Box Number is Not Acceptable) VERNIS & BOWLING 1680 NE 135 STREET City MIAMI FL Zip Code 33181	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Manny Avila</i></u> MANNY AVILA 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D OTERO, MIGUEL H EL NACIONAL, CARACAS VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D JOAO ROBERTO MARINHO O GLOBO RIO DE JANEIRO, BRAZIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP D MITRE, BAROLOME LA NACION, BUENOS AIRES ARGENTINA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP M ROBERTO FUENZALIDA SANTIAGO, CHILE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CONRAD, ANTONIO C O GLOBO RIO DE JANEIRO, BRAZIL, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP D GUADALUPE, MANTILLA EL COMERCIO, QUITO ECUADOR, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SANTOS, LUIS F EL TIEMPO, BOGOTA COLUMBIA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP D EDWARDS, AGUSTIN E EL MERCURIO SANTIAGO, CHILE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Roberto Fuenzalida</i></u> ROBERTO FUENZALIDA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/14/05 Daytime Phone # 011-562-216-3082	

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